

1021151

Bayer CropScience



September 3, 2009

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of July 2009

Dear Sir/Madam:

Reportable incidents accumulated for the month of July 2009 for Bayer CropScience and Bayer Environmental Science are attached.

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel 919 549-2000

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information July not constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: Susan Sutherland, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-015

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. 9/3/2009	Contact person (if different than reporter)	Internal ID 500347
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Rowley, MA USA 07/10/2009	Date registrant became aware of incident. 07/10/2009	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 72155-80	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) Beta-Cyfluthrin, sodium o-phenylphenate	A.I. (s)	A.I. (s)	
	Product 1 name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation RTU	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Workplace	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

44

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Rinerson, Andy Jul 10 2009 7:45PM

Hx: Caller reports that he was cleaning up a yard area at work where the product had been sprayed earlier. Caller reports that they sprayed the product for ants 'yesterday and this morning'. Caller reports that he is unsure if there was anything else sprayed in the area. Caller reports that shortly after working in the yard, he developed swelling in his hands, and that he has developed painful blisters that have broken open with purulent drainage. Caller wants to know if the product could have caused his symptoms.

A: Advised caller that the symptoms he describes would not be expected from a casual exposure to the product. Advised caller to look for other possible causes for his symptoms. Advised caller to wash his hands well with a mild dish soap and water to and seek medical attention ASAP for his symptoms. cb prn.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 26 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition	List signs/symptoms/adverse effects Dermatological-Bullae/Blisters Dermatological-Dermal irritation/Pain Dermatological-Edema/Swelling		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: HC			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # 500347

- 020

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. <i>9/3/2009</i>	Contact person (if different than reporter)	Internal ID <i>507163</i>
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Waleska, GA USA Chronic: Unknown</i>	Date registrant became aware of incident. <i>07/24/2009</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>72155-80</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>Beta-Cyfluthrin, sodium o-phenylphenate</i>	A.I. (s)		A.I. (s)
	Product 1 name <i>Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (24 oz)</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Liquid</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

*Pasko, Desiree Jul 24 2009 11:49AM
Warm Transfer from Diana*

*Hx: Caller relates that [REDACTED] has been using product in home for unk amount of time, most recently yesterday.
Today, [REDACTED] has started coughing up blood.*

*A: This product has a wide margin of safety, even when used against labeling instructions. Rec seeking immediate
MD eval. Have MD cb prn. Consider other etiologies. Gave case #.*

Notified LT

*Yeager, Greg Jul 27 2009 12:38PM
Attempted CB. Left a message requesting follow up. Reset.*

*Yeager, Greg Jul 28 2009 11:57AM
Attempted CB. Left a message requesting follow up.*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 70 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: Unable to determine	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-unknown disposition	List signs/symptoms/adverse effects Respiratory-Cough/choke Respiratory-Hemoptysis		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: Unknown Patient weight: Unknown			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> Internal ID # 507163 </div>			